

## PLANNING, ZONING & MAPPING

Phone: (815) 319-4350 • Fax: (815) 319-4351 404 Elm Street • Suite 403 • Rockford, Illinois 61101

## **ZONING COMPLAINT REPORT FORM**

Complainant Name:	
Complainant Address:	
Complainant Phone Number:	Cell/Fax:
Nature of Complaint:	
Location/Address of Violation:	
Owner of Property/Person Responsible:	
Owner Address:	
How would you like this complaint to be addressed?	
Received by:	Date:
Staff Signature	

\*ALL INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL.

## FOR OFFICE USE ONLY

investigation and/or interrogation, codes or standards review):  Conclusions (by Investigator):  Action Taken (by Investigator):  Date:  Collow Up:  Curther Enforcement Levels:  Hearing Code Unit  Circuit Court	Date Inspected:
Conclusions (by Investigator):  Action Taken (by Investigator):  Follow Up:  Date:  Cesults:  Further Enforcement Levels:  Hearing Code Unit  Circuit Court	Investigation Report (This section must contain all pertinent information, facts disclosed by
Action Taken (by Investigator):	investigation and/or interrogation, codes or standards review):
Action Taken (by Investigator):	
Collow Up:	Conclusions (by Investigator):
Collow Up:	
Collow Up:	
Circuit Court	Action Taken (by Investigator):
Circuit Court	
Circuit Court	Follow Un:
Results:	
Results:	Date:
Further Enforcement Levels:  Hearing Code Unit	
Hearing Code UnitCircuit Court	
Hearing Code UnitCircuit Court	
Hearing Code UnitCircuit Court	
Circuit Court	
Other	Circuit Court
	Other

\*Attach any additional pertinent information.

For example: pictures, correspondence, hearing code/circuit court findings, dispositions, etc.